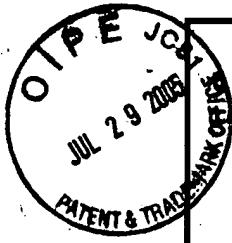


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TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

		Application Number	09/835,086
		Filing Date	April 13, 2001
		First Named Inventor	Songxiang Wei
		Art Unit	2152
		Examiner Name	Shawki Saif Ismail
Total Number of Pages in This Submission	15	Attorney Docket Number	24333/81601

ENCLOSURES (check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment / Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input checked="" type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/ Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ Remarks	<input type="checkbox"/> After Allowance communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Return Receipt Postcard RCE and Preliminary Amendment

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual Name	Ferenc Pazmandi, Limited Recognition No. L0078
Signature	
Date	July 29, 2005

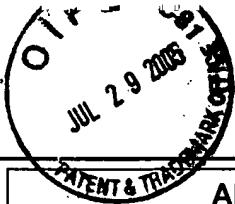
CERTIFICATE OF TRANSMISSION/MAILING

I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below:

Typed or printed name	Express Mail Label No.: EV 611 224 875 US
Signature	Date

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

**AMENDMENT TRANSMITTAL LETTER**

Applicant: Songxiang Wei

Docket No.
24333/81601Serial No.
09/835,086Filing Date
April 13, 2001Examiner
Shawki Saif IsmailGroup Art Unit
2152Invention: **Sharing DirectDraw Applications Using Application Based Screen Sampling****TO THE COMMISSIONER FOR PATENTS:**

Transmitted herewith is an amendment in the above-identified application.

The fee has been calculated and is transmitted as shown below.

CLAIMS AS AMENDED

	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST # PREV. PAID FOR	NUMBER EXTRA CLAIMS PRESENT	RATE	ADDITIONAL FEE
TOTAL CLAIMS	13 -	24 =	0	X \$50	\$0.00
INDEP. CLAIMS	3 -	3 =	0	X \$200	\$0.00
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					\$0.00
Request for Continued Examination					\$790.00
Petition for Extension of Time					\$120.00
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT					\$910.00

- No additional fee is required for amendment.
- Please charge Deposit Account No. 50-1597 in the amount of \$910.00.
- A check in the amount of _____ to cover the filing fee is enclosed.
- The Director is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account No. 50-1597
 - Any additional filing fees required under 37 C.F.R. 1.16.
 - Any patent application processing fees under 37 CFR 1.17.

Dated: July 29, 2005

Ferenc Pazmandi
Agent of Record
Limited Recognition No. L0078

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